

5/13/2019 MON 11:52 AM

FAX No.

P. 001/003

P19000039878

Florida Department of
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H19000156469 3)))



H190001564693ABC8

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations
Fax Number : (850)617-6381

From:

Account Name : EXPRESS CORPORATE FILING SERVICE INC.
Account Number : I20000000146
Phone : (305)444-4994
Fax Number : (305)444-4977

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: _____

FLORIDA PROFIT/NON PROFIT CORPORATION
BDA MULTISERVICES INC

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$70.00

RECEIVED

MAY 13 2019

FILED
2019 MAY 13 AM 11:30
SECRETARY OF STATE
TALLAHASSEE, FL

Electronic Filing Menu

Corporate Filing Menu

Help

ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE I NAMEThe name of the corporation shall be: BDA MULTISERVICES INC**ARTICLE II PRINCIPAL OFFICE**Principal street address

Mailing address, if different is:

4045 SW 107 CTMIAMI, FL 33165**ARTICLE III PURPOSE**The purpose for which the corporation is organized is: ANY AND ALL LAWFUL BUSINESS**ARTICLE IV SHARES**The number of shares of stock is: 100**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**Name and Title: BISMAR HORACIO CARRASCO (P)

Name and Title: _____

Address 4045 SW 107 CT

Address: _____

MIAMI, FL 33165

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

FILED
2019 MAY 13 AM 11:30
SECRETARY OF STATE
TALLAHASSEE, FL

Name and Title: _____ Name and Title: _____
 Address: _____ Address: _____

ARTICLE VI REGISTERED AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name: BISMAR HORACIO CARRASCO
 Address: 4045 SW 107 CT
MIAMI, FL 33165

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: BISMAR HORACIO CARRASCO
 Address: 4045 SW 107 CT
MIAMI, FL 33165

FILED
 2019 MAY 13 AM 11:30
 SECRETARY OF STATE
 TALLAHASSEE, FL

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: _____ (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five days prior or 90 days after the filing.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity

Bismar Horacio Carrasco

Required Signature/Registered Agent

5/9/2019

Date

I submit this document and affirm that the facts stated herein are true. I am aware that the false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

Bismar Horacio Carrasco

Required Signature/Incorporator

5/9/2019

Date